

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	3		
O.I.P.E. CLASSIFIER			10/12/01
FORMALITY REVIEW	TH	1118	10-18-01
RESPONSE FORMALITY REVIEW	CR	110-9	5-15-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Original	Date
1	1	7/17/02
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23	✓	
24	N	
25	✓	
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32	✓	
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Claim	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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